

FIRST NAME	MIDDLE NAME	LAST NAME	ARR. NO.
JACK		RUBY	
CELL NO. F2	AGE 52 SEX M	RACE W	DATE 11-24-65 TIME 2:05 PM
COPIES FOR DISTRIBUTION	Prisoner Remarks: No injuries sustained		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: Small abrasion on left forehead, small bruise on rt. arm (medial aspect) & rt. forearm		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input checked="" type="checkbox"/> Emerg. Hosp. <input type="checkbox"/> Portland <input type="checkbox"/>		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: No Rx indicated		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty JACK	Emerg. M.D. Butkowsky	

NOTE: In the event of injury to prisoners while in jail special report must be made.

FIRST NAME	MIDDLE NAME	LAST NAME	ARR. NO.
JACK		RUBY	
CELL NO. F2	AGE 52 SEX M	RACE W	DATE 11-24-65 TIME 6 PM
COPIES FOR DISTRIBUTION	Prisoner Remarks: Rectal examination at request of DPP & FBI ~		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: Adequate digital exam accomplished. No foreign bodies present as far as 3 inches		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input type="checkbox"/> Emerg. Hosp. <input type="checkbox"/> Portland <input type="checkbox"/>		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.:		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty [Signature]	Emerg. M.D. Butkowsky	

NOTE: In the event of injury to prisoners while in jail special report must be made.